

PARENT PERMISSION, RELEASE, & ENROLLMENT POLICY FORM

Please read this form carefully and sign it. This document will be kept in your child's file.

(Participant's Name) _____ has my permission to try-out and or participate at Premier Cheerleading & Gymnastics .

I fully understand that I, I, the parent / guardian, and my son/daughter must abide by all rules and guidelines set forth by Premier.

(Parent's Name) I _____ understand that I, myself the parent/guardian, and my son/daughter have been given the Rules & Guidelines Form, and that we have read, fully understand, and must abide by the Premier Rules & Guidelines.

I (Parent's Name) _____ and (Child's Name)

_____ give Premier the right and permission to film, photograph, or video tape my daughter/son for any reproductions associated or in any way connected with said television or filmed event; in particular, reproduction for use in any form of advertisement for Premier promotional purposes.

RELEASE OF LIABILITY

I understand that by the very nature of the activity, cheerleading training, gymnastics, trampoline, dance, and practice carries a risk of physical injury up to and including death. No matter how careful the cheerleader/gymnast and coach are; no matter how many spotters are used; no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated.

I understand that Premier Cheerleading & Gymnastics staff members are not physicians or medical practitioners of any kind. I hereby give permission to the Premier staff to render temporary or basic first aid to my child(ren) or myself in the event of injury or illness. I agree to hold harmless Premier and its staff for any injury.

I understand that by taking part in any Premier event, there is a possibility of injury or sickness to my daughter/son. In the event that I cannot be reached, I hereby authorize Premier and its employees, whether paid or volunteer, to give consent for my son/daughter to receive medical treatment including transportation by a Premier staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of paramedics or ambulance for said child should the Premier staff deem necessary. I do hereby grant permission to hospital staff members to administer immediate treatment to my child should she/he be injured.

ENROLLMENT POLICY

Enrollment and Disenrollment of Non-Team Classes (Gymnastics Tumbling, Stunt, & Recreational Classes)

You must enroll your child for all non-team classes. First months tuition is due upon enrollment as well as a non-refundable yearly registration fee of \$30.

Enrollment and Disenrollment of Teams (All-Star Cheerleading and Gymnastics Teams)

.. First months tuition is due upon enrollment as well as A non-refundable yearly registration fee of \$30. Uniform Competition and Clothing deposits and/or payments are NON-REFUNDABLE.

Make-up Classes

If your child misses a class due to injury or illness, please speak with the Program Director as soon as your child is able to return to the gym about possibly scheduling a make-up class.

Tuition Reminder

1. Tuition is due on the 1st of every month and late after the 8th. A \$15.00 late fee will be charged after the 8th for all teams and classes.

2. A \$20.00 fee will be charged on all returned checks.

3. Premier Team and Class Tuition is based on 12 calendar months. Some months have 4 weeks, and some have 5 weeks; **thus we do not prorate tuition for holidays or vacations.** Time-off/Vacation time is already factored into tuition and will not be refunded or prorated for.

By signing below, I agree to the Parent Permission, Release of Liability, and Enrollment Policy

Participant Signature

_____ Date _____

Parent Signature

_____ Date _____

INFORMATION FORM

OFFICE USE ONLY

Team Joining _____ Registration Paid \$ _____

T-Shirt Size YS YM YL AS AM AL AX L AXXL **Shorts Size** YS YM YL AS AM AL AXL AXXL

Brief Size YS YM YL AS AM AL AXL AXXL

PARTICIPANT INFORMATION (Please Print)

Participant's Full Name _____ Gender _____

Home Address _____

City _____ State _____ Zip _____

Participant's Phone Number (H) _____ (C) _____

Participant's Email Address _____

Date of Birth ____/____/____

Age _____

Grade PK K 1 2 3 4 5 6 7 8 9 10 11 12

School Attending _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Mother's Phone (H) _____ (W) _____ (C) _____

Father's Name _____

Father's Phone (H) _____ (W) _____ (C) _____

Parent's Email Address (M) _____ (F) _____

MEDICAL INFORMATION

Emergency Contact _____

Phone _____

Any Medications Allergic to _____

List any Physical/Psychological/Prior Injuries/Current Injuries that we should be aware of: _____